Interview Summary	09/801,490	KEITH, CHRISTOPHER	
	Examiner	Art Unit	
	Daniel S. Felten	3693	
All participants (applicant, applicant's representative, PTO personnel):			
(1) <u>Daniel S. Felten</u> .	(3)		
(2) <u>Kevan Morgan (Reg. No. 42,014)</u> .	(4)		
Date of Interview: 29 August 2007.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2)□ applicant's representative]			
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)□ No.		!
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed: <u>Jain (US 6,343,278)</u> and <u>Lupien (US 5,689,652)</u> .			
Agreement with respect to the claims f) was reached. g	)☐ was not reached. h)☐ N	I/A.	
Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: <u>Proposed amendments were discussed relating to determing a premium and defining the application over the prior art. Further search will be forthcoming based upon agreed amendments.</u>			
(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)			
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER OF ONE MONTH OR THIRTY DAYS FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.			
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Ex DANIEL FELTEN AU 3693 Busines Methods			
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Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign	ature, if required	<del></del>

Application No.

Applicant(s)